

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	W.A.		06/08/01
O.I.P.E. CLASSIFIER		48	6/22/01
FORMALITY REVIEW	<i>[Signature]</i>	1091	8-02-01
RESPONSE FORMALITY REVIEW	SV	1113	9-20-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 +- ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	3/30/01
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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BEST AVAILABLE COPY

852  
3/02/01